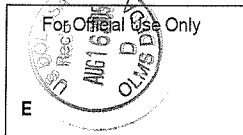


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>8495</b>	2. Fiscal Year Covered From: <b>1</b> / <b>1</b> / <b>2004</b> Through: <b>12</b> / <b>31</b> / <b>2004</b>
3. Name and address of person filing. Name <b>Raymond R Moore</b> P.O. Box, Bldg., Room No., if any <b>Suite 280</b> Street <b>6601 Winchester Ave</b> City <b>Kansas City</b> State <b>Missouri</b> ZIP Code + 4 <b>64133</b>	4. Name, file number, and address of labor organization. Name <b>Operating Engineers Local 101</b> Labor Organization File Number <b>022-411</b> P.O. Box, Building and Room Number, if any <b>Suite 280</b> Street <b>6601 Winchester Ave</b> City <b>Kansas City</b> State <b>Missouri</b> ZIP Code + 4 <b>64133</b>
5. Position in labor organization. <b>President</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value <b>from an employer whose employees your organization represents</b> or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u><i>Raymond R Moore</i></u>	On <u><i>Aug 11 05</i></u> Date	<u>816-737-8600</u> Telephone Number

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

\$2,454

14.b. Amount of payment.

Name of Person Filing Raymond Moore	File Number U-
-------------------------------------	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Sierra Investment Partners, Inc  
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any Suite 300  
Street 101 Ygnacio Valley Road  
City Walnut Creek  
State California ZIP Code + 4 94596-4061

9. Business deals with:

- ☐ a. Labor Organization  
☒ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name IUOE Local 101 Pension Fund  
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any Suite 250  
Street 6601 Winchester Ave  
City Kansas City  
State Missouri ZIP Code + 4 64133

11.a. Nature of such dealing.

The business is an investment manager for the Trust

11.b. Approximate dollar value of such dealing.

\$556,417

12.a. Nature of interest held or income received.

Gift of a wine opener & etched wine bottle, golf balls and a divot repair tool.

12.b. Amount.

\$113

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name   
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street   
City   
State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Raymond Moore	File Number U-
-------------------------------------	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Hoisington Investment Management Company</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 600</p> <p>Street 1250 S Capital of TX Hwy, Bldg 3</p> <p>City Austin</p> <p>State Texas ZIP Code + 4 78746</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name IUOE Local 101 Pension Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 250</p> <p>Street 6601 Winchester Ave</p> <p>City Kansas City</p> <p>State Missouri ZIP Code + 4 64133</p>	<p>11.a. Nature of such dealing.</p> <p>The business is an investment manager for the Trust</p> <p>11.b. Approximate dollar value of such dealing. \$125,201</p> <p>12.a. Nature of interest held or income received.</p> <p>Gift of binoculars.</p> <p>12.b. Amount. \$75</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>